



PARENT/GUARDIAN AUTHORIZATION FORM



MEDICAID REIMBURSEMENT FOR STUDENT/CHILD'S INDIVIDUALIZED EDUCATION PROGRAM (IEP) OR INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) SERVICES

Iowa Medicaid allows for Area Education Agencies (AEAs), Early ACCESS (EA) Regional Grantees and Local Education Agencies (LEAs) to request reimbursement for certain covered services in a student/child's IEP or IFSP.

I, _____, hereby authorize the AEA, EA Regional Grantee or LEA
(Parent/Guardian Name)

listed on my student/child's IEP or IFSP to disclose personally identifiable information of

_____ ("student/child") to the Iowa Department
(Student/Child Name)

of Human Services and its contractors, ("Medicaid") for purposes of determining student/child's eligibility for Medicaid, and if student/child is determined to be eligible for Medicaid, for purposes of billing Medicaid for Medicaid-covered health services provided to student/child that are in student/child's Individualized Education Plan or Individualized Family Service Plan.

Should the student/child have other insurance in addition to Medicaid, I understand that Medicaid may forward claims to the other insurance for processing. This process is in compliance with all federal regulations and would not impact the family's existing benefits or impact their access to any services.

I understand that, upon request, I may receive copies of student/child's records that are disclosed pursuant to this authorization.

Parent/Guardian Signature

Relationship to Student/Child

Date: _____

_____ I decline to consent for this release of information to Medicaid.

I understand that a photocopy or other reproduction of this signed and completed form shall have the same force and effect as the signed and completed original, unless otherwise prohibited by law.

Pursuant to the Family Educational Rights and Privacy Act ("FERPA"), 20 USC § 1232g, 34 CFR §99.31, the school corporation, prior to disclosing personally identifiable information from a student's records to the Iowa Medicaid agency, must obtain "written consent from the student's parents specifying records to be released, the reasons for such release, and to whom, and with a copy of the records to be released to the student's parents and the student if desired by the parents." This signed authorization is valid for a period of one (1) year from the date signed. This form must be maintained and made available for audit purposes.